

CUSTOMER FEEDBACK FORM

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Please fill out this short customer feedback form so we can ensure top quality service to all of our customers.

| EMAIL optional | NAME optional | DATE |
|----------------|---------------|------|
| | | |

OVERALL CUSTOMER EXPERIENCE

Provide a rating by placing an "X" in the corresponding box.

| | VERY GOOD | GOOD | FAIR | POOR | VERY POOR |
|---------------------------------------------------------|-----------|------|------|------|-----------|
| How would you rate your overall customer experience? | | | | | |
| How satisfied were you with the product? | | | | | |
| How satisfied were you with customer support? | | | | | |
| How satisfied were you with the timeliness of delivery? | | | | | |
| Would you recommend our product or service to others? | | | | | |

Please provide any additional comments or suggestions.

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